

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILLED SEP 19 1941

Registration District No. 477

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5634

State File No. 28740

Registrar's No. 32

1. PLACE OF DEATH:

(a) County. Lawrence  
(b) City or town. Monett - Fort Leavenworth  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1001 9th St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether)  
In this community. \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Willis Perry McCampbell

3. (b) If veteran, name war Indian Rebellion 3. (c) Social Security No. None

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Lottie McCampbell 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased August 5, 1868  
(Month) (Day) (Year)

8. AGE: Years 73 Months 0 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace New Corydon, Ind.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Barber

11. Industry or business \_\_\_\_\_

12. Name William B. McCampbell

13. Birthplace Don't Know  
(City, town, or county) (State or foreign country)

14. Maiden name Frances Robinson

15. Birthplace Monmouth, Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Harry McCampbell,

(b) Address Eric, Okla.

17. (a) Burial (b) Date thereof 8-27-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakdale Cemetery

18. (a) Signature of funeral director Callaway

(b) Address Monett, Mo.

19. (a) Eds. 12-41 (b) E. B. Wright  
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence  
(c) City or town Monett - Fort Leavenworth  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1001 9th. St. (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21 year 1941 hour 2:00 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 15, 1939 to Aug. 26, 1941; that I last saw him alive on Aug. 26, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pericarditis

Due to Myocardial Infarction  
Arteriosclerosis  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature E. B. Wright (M. D. or other) D  
Address Monett, Mo. Date signed Aug 27-41

12 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer. No. 6,

District File Number 941-1497

Date Filed SEP 13 1941

DEC 8 1941

SEP 24 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

....., Registered Apprentice No.

..... working under my personal supervision.

Signed

Licensed Embalmer No. 2066

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.